

1 **California Code of Regulations**
2 **TITLE 22. SOCIAL SECURITY**
3 **DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES**
4 **CHAPTER 7.1 ST ELEVATION MYOCARDIAL INFARCTION (STEMI) CRITICAL**
5 **CARE SYSTEM**

6
7 The Emergency Medical Services Authority has illustrated changes to the original text in
8 the following manner:

- 9 • Additions to the text proposed in 45-day comment period = double underline
10 • Deletions to the text proposed in 45-day public comment period = ~~strikeout~~

11 **ARTICLE 1. DEFINITIONS**

12 **§ 100270.101. Cardiac Catheterization Laboratory**

13 “Cardiac Catheterization Laboratory” or “Cath Lab” means the setting within the hospital
14 where laboratory procedures for obtaining physiologic, pathologic, and angiographic
15 data can be performed on patients with cardiovascular disease. ~~the percutaneous~~
16 coronary intervention (PCI) is done.

17 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

18 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

19 **§ 100270.102. Cardiac Catheterization Team**

20 “Cardiac Catheterization Team” means the specially trained medical staff that performs
21 percutaneous coronary intervention. It may include, but is not limited to, an
22 interventional cardiologist, mid-level practitioners, registered nurses, technicians, and
23 other health care professionals.

24 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

25 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

26 **§ 100270.103. Clinical Staff**

27 “Clinical Staff” means an individual that has specific training and experience in the
28 treatment and management of ST-Elevation Myocardial Infarction (STEMI) patients.

29 This includes, but is not limited to, physicians, registered nurses, advanced practice
30 nurses, physician assistants, pharmacists, and technologists.

31 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

32 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

33 **§ 100270.104. Door-to-Balloon Time (Also known as Door-to-Device Time)**

34 “Door-to-Balloon Time” or “D2B Time” means the amount of time between a STEMI
35 patient’s arrival at the hospital to the time he/she receives percutaneous coronary
36 intervention, such as angioplasty.

37 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

38 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

39 **§ 100270.105. Door-to-Needle Time**

40 “Door-to-Needle Time” means the time interval between the arrival of a STEMI patient
41 at a hospital to the time fibrinolytic therapy is administered to open a blocked artery.

42 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

43 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

44 **§ 100270.106. Emergency Medical Services Authority**

45 “Emergency Medical Services Authority” or “EMS Authority” means the department in
46 California responsible for the coordination and integration of all state activities
47 concerning EMS.

48 Note: Authority cited: Sections 1797.1, 1797.107 and 1797.54, Health and Safety Code.

49 Reference: Sections 1797.100, and 1797.103, Health and Safety Code.

50 **§ 100270.107. Immediately Available**

51 “Immediately Available” means

52 (a) unencumbered by conflicting duties or responsibilities,

53 (b) responding without delay upon receiving notification, and

54 (c) being physically available to the specified area of the hospital when the patient is
55 delivered in accordance with local EMS agency policies and procedures.

56 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

57 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

58 **§ 100270.108. Implementation**

59 “Implementation,” “implemented” or “has implemented” means the development and
60 activation of a STEMI Critical Care System Plan by the local EMS agency, including the
61 pre-hospital and hospital care components in accordance with the plan.

62 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

63 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

64 **§ 100270.109. Interfacility Transfer**

65 “Interfacility Transfer” means the transfer of a STEMI patient from one acute general
66 care facility to another.

67 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

68 Reference: Sections 1797.103, 1797.176 and 1798.170, Health and Safety Code.

69 **§ 100270.110. Local Emergency Medical Services Agency**

70 “Local Emergency Medical Services Agency” or “local EMS agency” means a county
71 health department, an agency established and operated by the county, or an entity with
72 which the county contracts for the purposes of local emergency medical services
73 administration, or a joint powers agency created for the administration of emergency
74 medical services by agreement between counties or cities and which is designated
75 pursuant to Chapter 4 of the California Health and Safety Code, Division 2.5, Section
76 1797.200.

77 Note: Authority cited: Sections 1797.107, 1797.200 and 1798.150, Health and Safety

78 Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

79 **§ 100270.111. Percutaneous Coronary Intervention (PCI)**

80 “Percutaneous Coronary Intervention” or “PCI” means a procedure used to open or
81 widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.
82 A primary PCI is generally done on an emergency basis for a STEMI patient.

83 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

84 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

85 **~~§ 100270.112. Pre-Arrival Instructions~~**

86 ~~“Pre-Arrival Instructions” means the medically approved scripted instructions used in~~
87 ~~time-critical situations where evaluation, verification, and advice is given by trained~~
88 ~~emergency medical dispatchers to callers that provide necessary assistance and control~~
89 ~~of the situation prior to arrival of emergency medical services personnel according to the~~
90 ~~local EMS agency policy.~~

91 Note: Authority cited: Sections 1797.107, 1797.176, 1797.220 and 1798.150, Health
92 and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety
93 Code.

94

95 **§ 100270.112. Quality Improvement**

96 “Quality Improvement” or “QI” means methods of evaluation that are composed of
97 structure, process, and outcome evaluations that focus on improvement efforts to
98 identify root causes of problems, intervene to reduce or eliminate these causes, and
99 take steps to correct the process, and recognize excellence in performance and delivery
100 of care.

101 Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150
102 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204, 1797.220
103 and 1798.175, Health and Safety Code.

104 **§ 100270.113. ST-Elevation Myocardial Infarction (STEMI)**

105 “ST-Elevation Myocardial Infarction” or “STEMI” means a clinical syndrome defined by
106 characteristic symptoms of myocardial infarction in association with ST-segment
107 elevation in ECG. and the subsequent release of biomarkers of myocardial necrosis.

108 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
109 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

110 **§ 100270.114. STEMI Care**

111 “STEMI Care” means emergency cardiac care, for the purposes of these regulations.

112 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
113 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

114 **§ 100270.115. STEMI Medical Director**

115 “STEMI Medical Director” means a qualified physician as defined by the local EMS
116 agency and designated by the hospital that is responsible for the STEMI program,
117 performance improvement, and patient safety programs related to STEMI Critical Care
118 System.

119 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
120 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

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122 **§ 100270.116. STEMI Patient**

123 “STEMI Patient” means a patient with characteristic symptoms of myocardial infarction
124 in association with ST-Segment Elevation in an Electrocardiogram (ECG).

125 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
126 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

127 **§ 100270.117. STEMI Program**

128 “STEMI Program” means an organizational component of the hospital specializing in the
129 care of STEMI patients.

130 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
131 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

132 **§ 100270.118. STEMI Program Manager**

133 “STEMI Program Manager” means a registered nurse or qualified individual as defined
134 by the local EMS agency, and designated by the hospital responsible for monitoring and
135 evaluating STEMI patients, performance improvement, and patient safety programs
136 related to the STEMI Critical Care System.

137 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
138 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

139 **§ 100270.119. STEMI Receiving Center (SRC)**

140 “STEMI Receiving Center” or “SRC” means a licensed general acute care facility
141 hospital that meets the minimum hospital STEMI care requirements pursuant to Section
142 100270.128 and is able to perform primary PCI.

143 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

144 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

145 **§ 100270.120. STEMI Referring Hospital (SRH)**

146 “STEMI Referring Hospital” means a licensed general acute care facility-hospital that
147 meets the minimum hospital STEMI care requirements pursuant to Section 100270.129.

148 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

149 Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

150 **§ 100270.121. STEMI Technical Advisory Committee**

151 “STEMI Technical Advisory Committee” means a multidisciplinary committee as
152 appointed by the EMS Authority. The STEMI Technical Advisory Committee serves as
153 an advisory committee to the EMS Authority on STEMI related issues.

154 Note: Authority cited: Sections 1797.107, 1797.133 and 1798.150, Health and Safety

155 Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

156 **§ 100270.122. STEMI Critical Care System**

157 “STEMI Critical Care System” means a critical care component of the EMS system
158 developed by a local EMS agency. This system of care links pre-hospital and hospital
159 care to deliver treatment to STEMI patients within the timeframes recommended by the
160 American Heart Association (AHA).

161 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

162 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

163 **§ 100270.123. STEMI Team**

164 “STEMI Team” means a component of the hospital’s STEMI Program consisting of a
165 clinical team, support personnel, and administrative staff.

166 “STEMI Team” means clinical personnel, support personnel, and administrative staff
167 that function together as part of the hospital’s STEMI program.”

168 Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
169 Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

170 **ARTICLE 2. LOCAL EMS AGENCY STEMI CRITICAL CARE SYSTEM**
171 **REQUIREMENTS**

172 **§ 100270.124. General Requirements and Timeframes**

173 (a) The local EMS agency may develop and implement a STEMI Critical Care System.

174 (b) A local EMS agency implementing a STEMI Critical Care System shall submit to
175 the EMS Authority a STEMI System Plan in accordance with the requirements in
176 Section 100270.125.

177 (c) A new STEMI Critical Care System that starts after the effective date of these
178 regulations shall have a STEMI System Plan approved by the EMS Authority prior to
179 implementation. The EMS Authority shall notify the local EMS agency of approval or
180 disapproval of its STEMI System Plan within 30 days from receipt of the Plan. If the
181 EMS Authority disapproves a plan, it shall provide written notification including the
182 reason(s) for the disapproval and the corrective action items required.

183 (d) The local EMS agency shall provide a corrected plan to the EMS Authority within
184 60 days of receipt of the disapproval letter.

185 (e) A local EMS agency currently operating a STEMI Critical Care System
186 implemented prior to the effective date of these regulations, shall submit to the EMS
187 Authority a STEMI System Plan as an addendum to its next annual EMS Plan update,
188 or within 180 days of the effective date of these regulations whichever comes first.

189 (f) After approval of the Plan, the local EMS agency shall submit an update to its
190 STEMI System Plan as part of its annual EMS update, consistent with the requirements
191 in Section 100270.125.

192 (g) No health care facility shall advertise in any manner or otherwise hold itself out to
193 be affiliated with the STEMI Critical Care System or a STEMI center unless they have
194 been so designated by the local EMS agency, in accordance with this Chapter.

195 Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and
196 1798.150, Health and Safety Code. Reference: Section 1797.176 and 1797.220, Health
197 and Safety Code.

198 **§ 100270.125. STEMI Critical Care System Plan Requirements**

199 The STEMI System Plan submitted to the EMS Authority shall include, at a minimum,
200 the following components:

- 201 (a) the names and titles of the local EMS agency personnel who have a role in the
202 STEMI Critical Care System,
- 203 (b) copies verification of agreements with hospitals for designation of STEMI facilities
204 with the list of stroke hospital contracts and contract expiration dates,
- 205 (c) description or copy of the local EMS agency's STEMI patient identification and
206 destination policies,
- 207 (d) description or copy of the method of field communication to the receiving hospital
208 specific to STEMI patient, designed to expedite time-sensitive treatment on arrival
- 209 (e) description or copy of policy that facilitates inter-facility transfer of a STEMI patient,
- 210 (f) description of the method of data collection from the EMS providers and
211 designated STEMI hospitals to the local EMS agency and the EMS Authority,
- 212 (g) a copy of all written agreements with neighboring local EMS agencies that provide
213 STEMI care,
- 214 (h) description of the integration of STEMI into an existing QI Committee or description
215 of any STEMI specific QI committee, and
- 216 (i) description of programs to conduct or promote public education specific to cardiac
217 care.

218 Note: Authority cited: Sections 1797.103, 1797.107, 1797.114, 1797.204, 1797.220,
219 1798.150, 1798.170 and 1798.172, Health and Safety Code. Reference: Section
220 1797.176, 1797.220, 1797.222, Health and Safety Code.

221 **§100270.126. STEMI System Plan Updates**

222 The local EMS agency shall submit a STEMI System Plan update as part of its annual
223 EMS Plan submittal. The update shall include at a minimum, the following:

- 224 (a) any changes in the STEMI Critical Care System since submission of the prior
225 annual plan update or the STEMI System Plan addendum,
226 (b) status of STEMI Critical Care System goals and objectives,
227 (c) STEMI Critical Care System QI activities, and
228 (d) progress on addressing action items and recommendations provided by the EMS
229 Authority within the STEMI System Plan or Status Report approval letter if applicable.

230 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254,
231 1798.150, and 1798.172, Health and Safety Code. Reference: Section 1797.176,
232 1797.220, 1797.222, 1798.170, Health and Safety Code.

233 **ARTICLE 3. PRE-HOSPITAL STEMI CRITICAL CARE SYSTEM REQUIREMENTS**

234 **§ 100270.127. EMS Personnel and Early Recognition**

235 A local EMS agency with an established STEMI Critical Care System shall have
236 protocols for the treatment of STEMI patients, including paramedic capability to perform
237 use of a 12-lead ECG equipment, and determination of to determine patient destination.

238 (a) When 12-lead ECG equipment is used, those findings shall be assessed and
239 interpreted through one or more of the following methods:

- 240 (1) direct paramedic interpretation,
241 (2) automated computer algorithm, or
242 (3) wireless transmission to facility followed by physician interpretation or confirmation.

243 (b) Advance notification of pre-hospital ECG findings of suspected STEMI patients, as
244 defined by the local EMS agency, will be communicated to the STEMI facilities, centers
245 or hospitals according to the local EMS agency STEMI System Plan.

246 Note: Authority cited: Sections 1797.103, 1797.107, 1797.114, 1797.176, 1797.206,
247 1797.214 and 1798.150, Health and Safety Code. Reference: Section 1797.176,
248 1797.220, 1798, 1798.150 and 1798.170, Health and Safety Code.

249 **ARTICLE 4. STEMI CRITICAL CARE FACILITY REQUIREMENTS**

250 Any STEMI center designated by the local EMS agency prior to implementation of these
251 regulations may continue to operate. Upon redesignation by the local EMS agency at

252 the next regular interval, STEMI centers shall be reevaluated to meet the criteria
253 established in these regulations.

254 **§ 100270.128. STEMI Receiving Center**

255 The following minimum criteria shall be used by the local EMS agency for the
256 designation of SRC:

257 ~~(a) The hospital shall have leadership committed to supporting and sustaining the~~
258 ~~STEMI Critical Care System.~~

259 (a) The hospital shall have established protocols for triage, diagnosis, and Cath Lab
260 activation from field notification.

261 (b) The hospital shall have a single call activation system to activate the Cath Lab
262 team directly.

263 (c) Written protocols and standing orders shall be in place for the identification of
264 STEMI patients. At a minimum, these protocols shall be available in the intensive care
265 unit/coronary care unit and the emergency department (ED).

266 (d) The hospital shall be available for treatment of STEMI patients 24 hours per day/7
267 days per week/365 days per year.

268 (e) The hospital shall have a process in place for the treatment and triage of
269 simultaneously arriving STEMI patients.

270 (f) The hospital shall maintain a STEMI team call roster.

271 (g) The Cath Lab team, including appropriate staff determined by the local EMS
272 agency, shall be immediately available.

273 (h) The hospital shall agree to accept all STEMI patients according to the local policy.

274 (i) SRCs shall comply with the requirement for a minimum volume of procedures for
275 designation by the local EMS agency.

276 (j) The hospital shall have a STEMI program manager and a STEMI medical director.

277 (k) The hospital shall have job descriptions and organizational charts depicting the
278 relationship between the STEMI medical director, STEMI program manager, and the
279 STEMI team.

280 (l) The hospital shall participate in the local EMS agency QI processes related to the
281 STEMI Critical Care System.

282 (m) Local EMS agencies shall ensure STEMI receiving Centers facilities without
283 cardiac surgery capability on-site shall have a written transfer plan and agreements for
284 transfer to a facility with cardiovascular surgery capability.

285 (n) SRCs shall have on-site accreditation reviews conducted every three years.

286 (o) Additional requirements may be included at the discretion of the local EMS agency
287 medical director.

288 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150
289 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,
290 1797.220, 1798, 1798.150 and 1798.170 Health and Safety Code.

291 **§ 100270.129. STEMI Referring Hospital (SRH)**

292 The following minimum criteria shall be used by the local EMS agency for designation of
293 an SRH:

- 294 (a) The hospital shall be committed to supporting and sustaining the STEMI Program.
295 (b) The hospital shall be available to provide care for STEMI patients 24 hours per
296 day/7 days per week/365 days per year.
297 (c) Written protocols and standing orders shall be in place for the identification of
298 STEMI patients. At a minimum, these protocols shall be available in the intensive care
299 unit/coronary care unit and the emergency department (ED).
300 (d) The ED shall maintain a standardized procedure for the treatment of STEMI
301 patients.
302 (e) The hospital shall have a transfer ~~system~~ process through interfacility transfer
303 agreements, and have pre-arranged agreements with EMS providers for a higher level
304 of care and rapid transport of STEMI patients to an SRC when considering ground or air
305 transport.
306 (f) The hospital shall have a program to track and improve treatment.
307 (g) The hospital must have a plan to work with SRCs and the local EMS agency on QI
308 processes.
309 (h) SRH shall have on-site accreditation reviews conducted every three years.
310 (i) Additional requirements may be included at the discretion of the local EMS agency
311 medical director.

312 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, and 1798.150
313 1798.167 and 1798.172, Health and Safety Code. Reference: Section 1797.176,
314 1797.220, 1798.150 and 1798.170 Health and Safety Code.

315 **ARTICLE 5. DATA MANAGEMENT, QUALITY IMPROVEMENT AND EVALUATIONS**

316 **§ 100270.130. Data Management**

- 317 (a) The local EMS agency shall implement a standardized data collection and
318 reporting process for STEMI Critical Care Systems.
319 (1) The system shall include the collection of both pre-hospital and hospital patient
320 care data, as determined by the local EMS agency.

321 ~~(2)The prehospital and hospital STEMI patient care elements selected by the local EMS~~
322 ~~agency shall be compliant with the most current version of the California EMS~~
323 ~~Information Systems (CEMSIS) database, the National EMS Information System~~
324 ~~(NEMSIS) and the National Cardiovascular Data Registry, Action Registry, version 2.4~~
325 ~~dated March 2014.~~

326 (2) The pre-hospital STEMI patient care elements selected by the local EMS agency
327 shall be compliant with the most current version of the California EMS Information
328 Systems (CEMSIS) database, and the National EMS Information System (NEMSIS).

329 ~~(3)STEMI data shall be integrated into the local EMS agency and the EMS Authority~~
330 ~~data management system through data submission on no less than a quarterly basis.~~

331 (3) The hospital STEMI patient care elements shall be compliant with the most current
332 version of National Cardiovascular Data Registry, Action Registry.

333 (4) All hospitals that receive STEMI patients shall participate in the local EMS
334 agency data collection process in accordance with local EMS agency policies and
335 procedures.

336 (b) The following minimum elements shall be collected and submitted to the local
337 EMS agency by the hospital and subsequently to the EMS Authority on no less than a
338 quarterly basis to be used to ~~utilized~~ determine pre-hospital and hospital system
339 performance:

340 (1) EMS ePCR Number

341 (2) Facility

342 (3) Name: Last, First

343 (4) Date of Birth

344 (5) Patient Age

345 (6) Patient Gender

346 (7) Patient Race

347 (8) Hospital Arrival Date

348 (9) Hospital Arrival Time

349 (10) Dispatch Date

350 (11) Dispatch Time

351 (12) Field ECG Performed

352 (13) 1st Field ECG Date

- 353 (14) 1st Field ECG Time
- 354 (15) Did the patient suffer out-of-hospital cardiac arrest
- 355 (16) CATH LAB Activated
- 356 (17) CATH LAB Activation Date
- 357 (18) CATH LAB Activation Time
- 358 (19) Did the patient go to the CATH LAB
- 359 (20) CATH LAB Arrival Date
- 360 (21) CATH LAB Arrival Time
- 361 (22) PCI Performed
- 362 (23) PCI Date
- 363 (24) PCI Time
- 364 (25) Fibrinolytic Infusion
- 365 (26) Fibrinolytic Infusion Date
- 366 (27) Fibrinolytic Infusion Time
- 367 (28) Transfer
- 368 (29) SRHF ED Arrival Date
- 369 (30) SRHF ED Arrival Time
- 370 (31) SRHF ED Departure Date
- 371 (32) SRHF ED Departure Time
- 372 (33) Hospital Discharge Date
- 373 (34) Patient Outcome
- 374 (35) Discharge Diagnosis

375 Note: Authority cited: Sections 1791.102, 1797.103, 1797.107, 1797.176, 1797.204,
376 1797.220, 1798.150, and 1798.172, Health and Safety Code. Reference: Section
377 1797.220, 1797.222, 1797.204, Health and Safety Code.

378 **§ 100270.131. Quality Improvement Process**

379 STEMI Critical Care Systems shall have a quality improvement process to include
380 structure, process, and outcome evaluations that focus on improvement efforts to
381 identify root causes of problems, reduce or eliminate such causes, and take steps to
382 correct the process. This process shall include, at a minimum:

- 383 (a) an audit of all STEMI-related deaths,

- 384 (b) a multidisciplinary STEMI QI Committee, including both pre-hospital and hospital
385 members,
386 (c) compliance with the California Evidence Code, Section 1157.7 to ensure
387 confidentiality, and
388 (d) a disclosure-protected review of selected STEMI cases.

389 Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.204, 1797.220,
390 1798.150, Health and Safety Code. Reference: Section 1797.176, 1798.204, 1797.220,
391 1798.150, Health and Safety Code.

392 **§ 100270.132. STEMI Critical Care System Evaluation**

- 393 (a) The local EMS agency is responsible for on-going performance evaluation of the
394 local or regional STEMI Critical Care System.
395 (b) The local EMS agency shall be responsible for the development of a QI process
396 pursuant to Section 100270.131.
397 (c) The local EMS agency shall be responsible for ensuring that designated STEMI
398 centers and other hospitals that treat STEMI patients participate in the QI process
399 contained in Section 100270.131, as well as pre-hospital providers involved in the
400 STEMI Critical Care System.

401 Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204,
402 1797.220, 1797.250, 1797.254, 1798.150, and 1798.172, Health and Safety Code.
403 Reference: Section 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1798.170,
404 Health and Safety Code.